



3637

Atty. Docket No. JOH26 P-300

## CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

Date

8/12/03

Debra L. Cooper

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3637  
Examiner : John P. Fitzgerald  
Applicant : Robert E. Johnson  
Appln. No. : 09/996,506  
Filing Date : November 28, 2001  
Confirmation No. : 3065  
For : HUNTING BLIND WITH FLIP-UP HOOD

RECEIVED

AUG 19 2003

GROUP 3600

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith are an Amendment under §1.111, copy of definition of "latch" from Webster's Ninth New Collegiate Dictionary (3 pages) and return addressed postcard in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 20	Minus	** 28	= 0	x \$9	\$	x \$ 18	\$
Independent Claims	* 4	Minus	*** 4	= 0	x \$42	\$	x \$ 84	\$
First Presentation of Multiple Dependent Claims \$140					\$	x \$280		\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$	\$0.00		

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- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1.  Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2.  No additional fee is required.
3.  A check in the amount of \$        is attached.
4.  Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,  
DEWITT & LITTON

Aug 12, '03

Date



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DLG/dlc